

Data Collection Process and Instruments for SDWP Meth Treatment Program

The following instruments should be completed by the program participant during the last week of their participation in each Phase of the treatment program.

- Center for Epidemiological Studies Depression Scale (CES-D)
- Interpersonal Support Evaluation List (ISEL)
- The Family Adaptation, Partnership, Growth, Affection, and Resolve (FAPGAR)
- University of Rhode Island Change Assessment Form (URICA)
- Methamphetamine Abstinence Self-Efficacy Scale (MASE)
- Exit Interview (End of Phase II and Program Completion only)

*** Staff should make sure the participants 5-digit Inmate number, date the form was completed, and the program phase are completed at the top of each form.

The following forms should be completed by program staff as noted below:

UA Reporting Form – completed and submitted at the end of Phase III and Phase IV. In the event that a program participant does not complete the phase, the UA Reporting Form should be completed up through the last time a UA was completed for the participant.

If your agency uses an “in-house” form that documents all the information asked for on the UA form you may submit your “in-house” form attached to the UA form in lieu of completing the entire UA form. Please staple a copy of the “in-house” form to the UA form and please be sure the 5-digit Inmate number is listed on the UA form and the Phase.

Dosage Forms – Completed by program staff to document amount or “dosage” of services/therapy a program participant has received. Dosage forms should be submitted upon completion of Phase III and Phase IV.

Adverse Event Report Form – Completed when an event occurs that adversely affects the program participant’s ability to participate and progress in treatment. Examples include: major illness requiring substantial medical care, suicide attempt, relapse, committing a crime or other legal trouble, lost to follow-up, etc...

Similar to the UA form, if your agency uses an “in-house” form that documents all adverse events you may submit the “in-house” form attached to the Adverse Event Report Form in lieu of completing the entire Adverse Event Report Form. Please staple a copy of the “in-house” form to the UA form and please be sure the 5-digit Inmate number is listed on the Adverse Event Report Form.

All forms should be submitted with a completed cover sheet within one week after participant has completed Phase III or Phase IV:

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Salem, SD 57058

Please contact Roland Loudenburg with questions at 605-425-3305 or via e-mail at rbl@triotel.net

**DOC Women's Intensive Methamphetamine Treatment Program
Data Collection Cover Sheet**

Person Collecting Data from Participant:	Date cover sheet completed:
Client ID:	
Testing Period : <input type="checkbox"/> Intake <input type="checkbox"/> Begin Phase II <input type="checkbox"/> End Phase II Person Responsible: SDWP IMT Counselor IMT Counselor <input type="checkbox"/> End Phase III <input type="checkbox"/> Exit Completion Half-way House After Care Counselor/Parole Agent	
Forms Included:	Note Problems/Issues with each form below:
CES-D yes no	
FAPGAR yes no	
ISEL yes no	
MASE yes no	
URICA yes no	
UA Reporting Form yes no No. of Forms included: _____	
Dosage (Service Logs or Treatment List): yes no No. of Forms included: _____ (End of Phase III and Phase IV only)	
Adverse Event Form: yes no	
Exit Interview: yes no (End of Phase II and Completion of Program)	

Please include additional information or notes on the reverse side.

Client ID: _____
Date: _____

CES-D Scale

1. How is this questionnaire administered?

☐ 1 = By Interviewer ☐ 2 = By Self

Here are some questions (Q2-Q21) about your feelings during the **past week**. For each of the following statements, please respond as to how you felt.

	Rarely or Not at All < 1 day 1	Some 1-2 days 2	Often 3-4 days 3	Most of the Time 5-7 days 4	Not Applicable 5
2. I was bothered by things that don't usually bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt that I could not shake the blues even with help from my family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I felt that I was just as good as other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I had trouble keeping my mind on what I was doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt hopeful about the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I thought my life had been a failure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I felt fearful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely or Not at All < 1 day	Some 1-2 days	Often 3-4 days	Most of the Time 5-7 days	Not Applicable
13. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I talked less than usual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I had crying spells.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I felt that people disliked me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I felt like I couldn't do what I needed to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely or Not at All	Some	Often	Most of the Time	Not Applicable
22. I felt depressed or sad in this past year .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Date completed (mo/day/yr):

Radloff, L. The CES-D Scale: A self-report depression scale for research in the general population. Applied Psychosocial measurement, 1: 385-401, 1977.

Client ID: _____
Date: _____

Family APGAR

The following questions have been designed to help us better understand you and your family. You should feel free to ask questions about any item in the questionnaire.

Comment space should be used if you wish to give additional information or if you wish to discuss the way the question applies to your family. Please try to answer all questions.

“Family” is the individual(s) with whom you usually live. If you live alone, consider family as those with whom you now have the strongest emotional ties.

For each question, check only one box.

	Almost Always	Some of the Time	Hardly Ever
1. I am satisfied that I can turn to my family for help when something is troubling me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
2. I am satisfied with the way my family talks over things with me and shares problems with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
3. I am satisfied that my family accepts and supports my wishes to take on new activities or directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
4. I am satisfied with the way my family expresses affection, and responds to my emotions, such as anger, sorrow, or love.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
5. I am satisfied with the way my family and I share time together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			

Smilkstein, G., Ashworth, C., & Montano, D. (1982). Validity and reliability of the Family APGR as a test of family function. *Journal of Family Practice*, 15: 303-311.

Client ID: _____
Date: _____

Interpersonal Support Evaluation List (ISEL) – General Population

This scale is made up of a list of statements each of which may or may not be true about you. For each statement check “definitely true” if you are sure it is true about you and the “probably true” if you think it is true but are not absolutely certain. Similarly, you should check “definitely false” if you are sure the statement is false and “probably false” if you think it is false but are not absolutely certain.

	definitely true	probably true	probably false	definitely false
1. There are several people that I trust to help solve my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. If I needed help fixing an appliance or repairing my car, there is someone who would help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I feel lonely, there are several people I can talk to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. There is no one that I feel comfortable with to talk about intimate, personal problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I often meet or talk with family or friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. If I needed a ride very early in the morning, I would have a hard time finding someone to take me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I feel like I’m not always included by my circle of friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have no one who can give me an honest view of how I handle my problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. There are several different people I enjoy spending time with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. If I were sick and needed someone (friend, family member, or acquaintance) to take me to the doctor, I would have trouble finding someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. If I wanted to go on a trip for a day, I would have a hard time finding someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If I needed a place to stay for a week because of an emergency (for example, water or electricity out in my apartment or house), I could easily find someone who would put me up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I feel that there is no one I can share my most private worries and fear with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	definitely true	probably true	probably false	definitely false
14. If I were sick, I could easily find someone to help me with my daily activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. There is someone I can turn to for advice about handling problems with my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If I needed an emergency loan of \$20, there is someone (friend, relative, or acquaintance) I could get it from.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Most people I know do not enjoy the same things that I do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. There is someone I could turn to for advice about changing or seeking a job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I don't often get invited to do things with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. There really is no one I can trust to give me good financial advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. If I wanted to have lunch with someone, I could easily find someone to join me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. If I was stranded 10 miles from home, there is someone I could call who would come and get me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. No one I know would throw a birthday party for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. It would be difficult to find someone who would lend me their car for a few hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. There is at least one person I know whose advice I really trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. If I needed some help in moving to a different house or apartment, I would have a hard time finding someone to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client ID: _____
Date: _____

Methamphetamine Abstinence Self-Efficacy Scale (MASE) Part 1

Listed below are a number of situations that lead some people to use methamphetamines. Part 1 asks how **tempted** you may be to use in each situation.

Check the box that best describes the feelings of **temptation** in each situation **at the present time**.

Situation	Tempted				
	Not at all 1	Not Very 2	Moderately 3	Very 4	Extremely 5
1. When I am in agony because of stopping or withdrawing from methamphetamine use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When I have a headache.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I am feeling depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When I am on vacation and want to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I am concerned about someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When I am very worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I have the urge to try just one to see what happens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When I am being offered to use in a social situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When I dream about using.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When I want to test my willpower over using.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When I am feeling a physical need or craving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When I am physically tired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When I am experiencing some physical pain or injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Situation	Tempted				
	Not at all 1	Not Very 2	Moderately 3	Very 4	Extremely 5
14. When I feel like blowing up because of frustration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I see others using at a bar or at a party.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When I sense everything is going wrong for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. When people I used with encourage me to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When I am feeling angry inside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. When I experience an urge or impulse to use that catches me unprepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. When I am excited or celebrating with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client ID: _____
Date: _____

Methamphetamine Abstinence Self-Efficacy Scale (MASE) Part 2

Listed below are a number of situations that lead some people to use methamphetamines. Part 2 asks how **confident** you are not to use in each situation.

Check the box that best describes the feelings of **confidence** in each situation **at the present time**.

Situation	Confidence				
	Not at all 1	Not Very 2	Moderately 3	Very 4	Extremely 5
1. When I am in agony because of stopping or withdrawing from methamphetamine use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. When I have a headache.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. When I am feeling depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. When I am on vacation and want to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. When I am concerned about someone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. When I am very worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. When I have the urge to try just one to see what happens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When I am being offered to use in a social situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. When I dream about using.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When I want to test my willpower over using.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When I am feeling a physical need or craving.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When I am physically tired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. When I am experiencing some physical pain or injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Situation	Confidence				
	Not at all 1	Not Very 2	Moderately 3	Very 4	Extremely 5
14. When I feel like blowing up because of frustration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I see others using at a bar or at a party.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. When I sense everything is going wrong for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. When people I used with encourage me to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When I am feeling angry inside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. When I experience an urge or impulse to use that catches me unprepared.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. When I am excited or celebrating with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client ID: _____
Date: _____

University of Rhode Island Change Assessment (URICA)

Each statement describes how a person might feel when starting therapy or approaching problems in their lives. Please indicate the extent to which you tend to agree or disagree with each statement by checking the corresponding box. In each case, make your choice in terms of **how you feel right now**, not what you have felt in the past or would like to feel. For all the statements that refer to your "problem," answer in terms of problems related to your drug or alcohol use. The words "here" and "this place" refer to this substance abuse treatment program.

	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
1. As far as I'm concerned, I don't have any problems that need changing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I think I might be ready for some self-improvement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I am doing something about the problems that had been bothering me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. It might be worthwhile to work on my problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I'm not the problem one. It doesn't make much sense for me to be here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. It worries me that I might slip back on a problem I have already changed, so I am here to seek help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am finally doing some work on my problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I've been thinking that I might want to change something about myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have been successful in working on my problem but I'm not sure I can keep up the effort on my own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. At times my problem is difficult, but I'm working on it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
11. Being here is pretty much a waste of time for me because the problem doesn't have to do with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I am hoping this place will help me to better understand myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I guess I have faults, but there's nothing that I really need to change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I'm really working hard to change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I have a problem and I really think I should work on it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I'm not following through with what I had already changed as well as I had hoped and I'm here to prevent a relapse of the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Even though I'm not always successful in changing, I am at least working on my problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I thought once I had resolved the problem I would be free of it, but sometimes I still find myself struggling with it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I wish I had more ideas on how to solve my problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I have started working on my problem but I would like help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Maybe this place will be able to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I may need a boost right now to help me maintain the changes I've already made.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I may be part of the problem, but I don't really think I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Disagree 1	Disagree 2	Undecided 3	Agree 4	Strongly Agree 5
24. I hope that someone here will have some good advice for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Anyone can talk about changing; I'm actually doing something about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. All this talk about psychology is boring. Why can't people just forget about their problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I'm here to prevent myself from having a relapse of my problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. It is frustrating, but I feel I might be having a recurrence of a problem I thought I have resolved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I have worries but so does the next guy. Why spend time thinking about them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I am actively working on my problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I would rather cope with my faults than try to change them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. After all I had done to try and change my problems, every now and then it comes back to haunt me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Exit Interview

As you leave the program, we would appreciate your telling us what you think of it. What you have to say will help us know if the program helped you. The information that you share may help change the program so that other women in the program will have a good experience. Your help is appreciated very much.

1. Please check the appropriate box on how you would rate the program you have just completed in the following areas:

	Poor 1	Fair 2	Good 3	Excellent 4
a. Providing me with individual help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Helping me understand the harm that can come from alcohol and drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The cultural content of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Meeting my personal needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Helping me get the services I need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The overall program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please check the appropriate box to the following statements concerning the program you have just completed.

	Disagree 1	Somewhat Disagree 2	Undecided Neutral 3	Somewhat Agree 4	Agree 5
a. I learned important information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I liked the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The counselors were helpful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People in the program care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The program was good for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Disagree 1	Somewhat Disagree 2	Undecided Neutral 3	Somewhat Agree 4	Agree 5
f. The information presented in the program was useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Because of this program, I am a better person.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I liked the program staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Would you recommend the program to other persons? Yes _____ No _____

4. What did you like about the program?

5. What, if anything, about the program do you think needs to be changed?

6. Please check the appropriate box on how you are doing since entering the program that best tells us what you think. Please rate each statement on how you were **Before** the program started and how you are **Now** at the end of the program.

	Before the Program				Now (at End of Program)			
	Poor 1	Average 2	Good 3	Excellent 4	Poor 1	Average 2	Good 3	Excellent 4
a. Controlling meth use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Controlling drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Expressing affection with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Being a good friend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ability to get along with family members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Developing trusting relationships.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feelings of self-worth.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ability to make positive changes in your life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Having good friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Parenting skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The overall functioning of your family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Dealing with stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Knowledge of harmful effects of alcohol, tobacco, and drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Your general physical health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Your general mental health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Your ability to get help when you need it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DOC Women's Intensive Methamphetamine Treatment Program
Adverse Event Reporting Form**

Person Completing Report:	Date Form Completed:
Client ID:	
Treatment Phase in which Client/Participant was Participating when Adverse Event occurred: <div style="text-align: center; margin-top: 10px;">Phase I Phase II Phase III Phase IV</div>	
Date of Adverse Event:	
Nature/Description of Event:	
Describe Effect Upon Client/Participant's Ability to Complete/Continue the Treatment Program:	
Describe any Action Taken:	
Additional Notes:	

Client ID: _____

Date: _____

INDIVIDUAL CLIENT DOSAGE FORM

(Completed during Phase III and Phase IV)

Site Number: _____

1. TREATMENT

Weekly Treatment Completed/Participation		
Type of Treatment / Description	Date Completed	Time Spent (Number of Minutes)

2. WEEKLY INDIVIDUALIZED TREATMENT ACTIVITIES (referrals, additional activities/program above and beyond treatment services noted above)

Situation Identified	Plan of Action	Date Completed	*Risk Marker Area	Time Spent This Week (Minutes)

(Use other side if additional recording space is needed)

**Social Support, Family Functioning, General Well Being/Self-Efficacy, General Mental Health, Substance Use: Alcohol, Substance Use: Tobacco and other Drugs, Cultural, Educational/Career, and other categories.).*

Social Support: Examples of topics include increasing informal support of friends and family, expanding number of friends, developing trust in personal relationships, enhancing existing relationships, obtaining support for pregnancy, learning about and joining clubs/groups/organizations in the area, learning how to keep friends, sending notes of love to friends and family, and related topics.

Family Functioning: Examples of topics include relating to, talking with expressing affection with, spouse/partner, children, other family members. Parenting, problems solving/home management, domestic violence/abuse (spouse/parent, children), how to get along with family members, and related topics.

General Well-Being: Examples of topics include physical well-being (exercise, sleep, nutrition), self-image/perception of self, anger management, feeling of being overwhelmed, belief that one can do behaviors/activities that one wants to do, developing power from within, improve physical health, enhancing self by serving other people, and related topics.

Mental Health/Depression: Examples of topics include how to deal with stress, decreasing occurrence and intensity of feeling of depression, dealing with loneliness, developing a positive outlook on life, learning about and dealing with anxiety/panic, eliminating self-defeating behaviors, and related topics.

Substance Use-Alcohol: Examples of topics include effects of alcohol on you, effects of alcohol on your family, methods of quitting drinking, availability of AA/NA and other resources in the area, addiction as a disease, refusal skills, risk/harm reduction, and related topics.

Substance Use-Tobacco and Other Drugs (TOD): Examples of topics include effects of TOD on you, effects of TOD on your baby, methods of quitting, availability of NA and other resources in the area, addiction as a disease, refusal skills, risk/harm reduction, and related topics.

DOC Women's Intensive Methamphetamine Treatment Program UA Reporting Form

Person Completing Report:	Date Form Completed:
Client ID:	
Treatment Phase in which Client/Participant was Participating when UA's were completed:	
Phase III	Phase IV
Notes:	

[illegible]